

Approved 3-19-91  
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by SENATOR ROY M. EHRLICH at  
Chairperson

10:00 a.m.~~x~~m. on March 6, 1991 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Emalene Correll, Legislative Research  
Bill Wolff, Legislative Research  
Norman Furse, Revisor's Office  
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

Robert Mullen, Administrator, District #1, Lyons Hospital  
Diane Purcell, Kansas Association for the Education of Young Children  
Joseph F. Kroll, Adult and Child Care, Department of Health and Environment  
Roger H. Carlson, Laboratory Director, Department of Health and Environment

Chairman Ehrlich called the meeting to order at 10:05 a.m.

Hearing and Final Action on:

SB 314 - Hospital districts authorized to issue revenue bonds for limited care residential retirement facilities

Robert Mullen, Administrator of Hospital District #1, Lyons, submitted written testimony and appeared in support of SB 314. The bill amends the existing statutes, K.S.A. 80-2501 and 2525, in order to allow a district hospital the flexibility to construct a limited care residential retirement facility on land owned by, and adjacent to the hospital in Lyons. Mr. Mullen stated there was nothing in the law that specifically addressed this issue, and an opinion from the Attorney General stated no statutory authority existed to build an apartment complex. The proposed changes in the bill would serve to clarify the existing language, as well as provide enough flexibility to allow district hospitals to expand services while filling a need in the community. The project would be funded by revenue bonds and not tax money. (Attachment 1) After committee discussion, the wishes of the committee were asked, and Senator Hayden made the motion to recommend SB 314 favorably for passage, seconded by Senator Salisbury. No discussion followed. The motion carried. Senator Burke requested his vote be recorded as "pass" on SB 314. The bill will be carried by Chairman Ehrlich.

Hearing and Final Action on:

SB 252 - Licenses and fees for maternity hospitals or homes and homes for children.

Diane Purcell, director of Holy Name Child Care Center, Topeka, submitted written testimony and appeared in support of SB 252. Ms. Purcell stated she supports the bill because it would eliminate the expiration date of child care center licenses. With the elimination of the expiration date on a license, a license would continue in effect until revoked or withdrawn. She stated further that an expired license can cost a center the loss of thousands of dollars in reimbursements, and this bill would also eliminate a lot of paper work. (Attachment 2)

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,  
room 526-S Statehouse, at 10:00 a.m./~~p.m.~~ on March 6, 1991

Joseph F. Kroll, Director of Bureau of Adult and Child Care, Department of Health and Environment submitted written testimony and appeared in support of SB 252. Mr. Kroll stated the proposed bill amends K.S.A. 65-504(a) to authorize the issuance of a license which would remain in effect until withdrawn or revoked. Yearly inspections to determine regulation compliance would still be in effect. Mr. Kroll stated delays in issuing licenses creates an enormous financial burden for the majority of providers who depend on funding from agencies which require documentation of current license in order to provide reimbursement. The Department of Health and Environment suggests the following amendment: On page 2, delete new language related to the issuance of temporary licenses as found on lines 5 through 8, changing the bill to the original language. (Attachment 3) The wishes of the committee were asked, and Senator Hayden made the motion the committee adopt the amendment, seconded by Senator Burke. After committee discussion, staff Furse clarified the amendment. The motion carried. The Chairman asked for the wishes of the committee on SB 252. Senator Burke made the motion SB 252 as amended be recommended favorably for passage, seconded by Senator Langworthy. No discussion followed. The motion carried. Senator Anderson will carry the bill.

Hearing and Final Action on:

SB 254 - Laboratories approved for prenatal serological tests for syphilis.

Roger Carlson, Laboratory Director, Department of Health and Environment submitted written testimony and appeared in support of SB 254. Mr. Carlson stated the present wording of K.S.A. 65-153f places the state public health laboratory in a competitive position with approved private laboratories performing routine screening tests on low-risk clients. For this reason a modification in the wording of this statute was recommended. The statutory change would help to align public health priorities with appropriate state laboratory services. (Attachment 4) After committee discussion, Senator Burke made the motion to recommend SB 254 favorably for passage, seconded by Senator Hayden. After discussion regarding private and public laboratory testing, the motion carried. The bill will be carried by Senator Hayden.

The meeting was adjourned at 11:00 a.m.

SENATE  
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 2-6-91

(PLEASE PRINT)  
NAME AND ADDRESS

ORGANIZATION

Greg Reese

KDHE

Joseph Kow

KDHE

J.W. Hostetter M.D.

KAFB

Michelle Lister

John Peterson + Associates

Diane Purcell

KAERC

Don Snodgrass

KATS Topatz

Lynn Bad

KATS Lawrence

Jim Yonally

Kan. Dent. Hygienist Assoc.

David Hanzlick

KS Dental Ass'n

Toger Carlson

Ks Dept. Health & Environ.

Tom Bell

KHA

Chip Wheelen

KS Medical Soc.

Marjorie Jantz

Jo. Co. Aging Commission

Cathy Matlack

"

Cleta Remyer

Right to Life

TESTIMONY ON SENATE BILL # 314

before the

SENATE COMMITTEE ON PUBLIC HEALTH & WELFARE

March 6, 1991

Ladies and gentlemen of the committee, I am Robert Mullen, Administrator of Hospital District #1, at Lyons. I appreciate the opportunity to testify in favor of Senate Bill 314, and would especially like to thank Senator Ehrlich, who is the state senator from my district, as well as Tom Bell of the Kansas Hospital Association, for their assistance in the preparation of this bill.

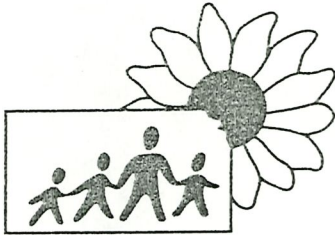
Approximately three years ago, our hospital began exploring the feasibility of building a limited care residential retirement facility, to be located on land owned by, and adjacent to the hospital. The independent-style apartments would be operated by the hospital district and would be designed to cater to persons over the age of 55 who make too much income to qualify for other apartments in our community. We were seeing an exodus of citizens from the area to larger, neighboring communities because there were not enough apartments in Rice County to fill this need.

Our plans are to build a 15-unit complex with such services as lawn care, building maintenance, housekeeping, basic utilities, and one meal a day to be included in the monthly rent. There will be call buttons in each apartment that are connected to the nurses station at the hospital. Planned social and recreational activities will also be available to the residents.

As we began to investigate the statutory authority for a district hospital to construct such a project, we found that there was nothing in the law that specifically addressed this issue. A law firm we have been working with sought an opinion from the Kansas Attorney General's Office and the result of that opinion was that there was no statutory authority to build such an apartment complex. The next logical step was to amend the the existing statutes (K.S.A. 80-2501 and K.S.A. 2525) in order to allow a district hospital the flexibility to construct such a complex.

It is our opinion that the proposed changes in the bill will serve to clarify the existing language, as well as providing enough flexibility to allow district hospitals to expand services while filling a need in the community. These changes, if adopted, should not create any new problems for other district hospitals in Kansas. I would also point out to you that passage of this bill will not place a "blank check" in the hands of district hospital boards and administrators. Any projects constructed under the provisions of this bill would still be subject to a public vote.

Once again, thank you for the opportunity to appear before the committee. I would be glad to respond to any questions that you may have.



**KAEYC**  
Kansas Association for the  
Education of Young Children

Testimony on Senate Bill 252  
presented to the  
Public Health and Welfare Committee

by

Diane Purcell

Representing the Kansas Association for the Education of Young Children  
1611 Plass  
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Ph. 913-232-8738

My name is Diane Purcell. I direct Holy Name Child Care Center here in Topeka. Holy Name Child Care is licensed by the Kansas Dept. of Health and Environment for 115 children ages birth through 12 years. Today I am here to speak on behalf of the Kansas Association for the Education of Young Children, (KAEYC) an organization of over 1000 members who nurture, educate and protect thousands of Kansas children of all ages.

KAEYC supports Senate Bill 252 which would eliminate the expiration date of child care center licenses for the following reasons:

The number of licensed child care facilities in the state of Kansas has increased 60% in the last 10 years with no additional staff added to regulate and evaluate these facilities. Consequently, evaluators are not keeping up with inspections, and centers are operating with expired licenses while waiting for their evaluation and approval. SRS requires a current license for purchase of service, as does the Child Care Food Program for reimbursements to participants. An expired license can potentially cost a center the loss of thousands of dollars in reimbursements.

The same model of a license with no expiration date is used in adult care facilities quite successfully.

With the elimination of the expiration date on a license a license will continue in effect until it is revoked or withdrawn. Yearly inspections will still take place, and fees and enforcement proceedings will remain the same.

KAEYC supports the passage of Senate Bill 252.



# State of Kansas

Joan Finney, Governor

## Department of Health and Environment Division of Health

Stanley C. Grant, Ph.D.,  
Acting Secretary

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### Testimony Presented to the Senate Health and Welfare Committee

on

Senate Bill 252

#### Background

Article 5 of Chapter 65 of the Kansas Statutes Annotated pertain to the definition and regulation of maternity hospitals or homes, and homes for children. K.S.A. 65-501 et seq was first enacted in 1919 and authorizes the Kansas Department of Health and Environment to regulate these facilities and agencies.

K.S.A. 65-514(a) defines the terms of the license and K.S.A. 65-505(a) sets the fee structure.

The proposed bill amends K.S.A. 65-504(a) to authorize the issuance of a license which will remain in effect until withdrawn or revoked. Yearly inspections to determine regulation compliance will still be required by the secretary's designated agents. K.S.A. 65-505(a) is also amended to authorize an annual license fee. Prior to this amendment the annual fee was tied to the application and application to renew the license. The yearly fee will remain the same. None of the above amendments have been introduced in a previous legislative session.

#### Description of the Issues

With over 11,000 facilities to regulate, the child care regulatory program is growing faster than the current number of staff can manage in a timely fashion. The child care regulatory program has experienced a 70% growth in 9 years with no increase in staff to operate the program.

This amendment is being proposed to accommodate the continued growth of the program, to eliminate delays in issuing licenses and to alleviate regulatory barriers to funding agencies, placement agencies and parents by enhancing internal efficiencies and reducing paperwork.

Delays in issuing licenses creates an enormous financial burden for the majority of providers who depend on funding from agencies which require documentation of a current license in order to provide reimbursement. It also presents barriers for parents who are trying to find legal child care.

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Director of Health  
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Acting Director of Environment  
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Director of Information  
Systems  
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Semate P H&W  
Attachment #3  
Roger Carlson, Ph.D.,  
Director of the Kansas Health  
and Environmental Laboratory  
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Examples of funding agencies impacted are as follows:

SRS requires that facilities hold a current license or registration certificate in order to initiate or continue a contract to pay for day care for low income families; and residential care and family foster care for children in need of care and juvenile offenders.

DOE requires that day care facilities and residential facilities have a current license or certificate in order to initiate or continue an agreement to provide food reimbursement to these facilities.

Day Care Referral Agencies can only refer parents to facilities who hold a current license or certificate.

Child Placing Agencies can only place children under 16 years of age for foster care in facilities holding a current license.

Other states require proof of a current license in order to initiate and continue payments for residential care.

Insurance companies require proof of a current license in order to initiate and continue payments for residential treatment.

Other states and foreign countries require proof of a current license in order to work with a child placing agency facilitating adoptions.

#### Problems/Benefits for KDHE

At the end of Calendar year 1990 there were 6,972 licensed facilities. If 80% renew the license than this proposed amendment would eliminate the need to print 5,577 licenses. Tasks related to pulling files, printing, copying and mailing licenses as well as telephone inquiries will be reduced. Cost for postage for mailing 5,577 files would also not be incurred.

However the growth of the entire child care regulatory program, projected at 1,588 files a year, and the resultant increase in demands for supplies, forms, regulation books, etc. to meet the growth, combined with the increasing postal rates will quickly offset any possible budgetary relief experienced by not mailing yearly licenses. Many tasks will not be eliminated by this proposal such as requesting, receiving and tracking compliance, requesting and tracking the yearly inspections, receiving the fees, notifying other agencies of licensing status, initiating enforcement procedures, issuing initial licenses, closures, regulation revisions, providing training and other regulatory functions.

It is hoped that the proposed legislation will reduce unnecessary tasks so that staff can meet program objectives in a timely and expedient manner. Savings will be in the areas of program efficiency, program accountability, and productivity for KDHE as well as impacted agencies.

#### Department's Position

KDHE is requesting and strongly supports the passage of this legislation with



the following amendment:

1. Delete new language related to the issuance of temporary licenses as found on page 2, lines 5 through 8. This proposal was drafted for early department consideration only and we did not intend to include it in our final bill proposal.

Testimony

Presented by: Joseph F. Kroll, Director  
Bureau of Adult and Child Care  
Kansas Department of Health and Environment  
Wednesday, March 6, 1991

SENATE BILL No. 252

By Committee on Public Health and Welfare

2-19

8 AN ACT relating to the secretary of health and environment; con-  
9 cerning maternity hospitals or homes and homes for children;  
10 amending K.S.A. 1990 Supp. 65-504 and 65-505 and repealing  
11 the existing sections.

12  
13 *Be it enacted by the Legislature of the State of Kansas:*

14 Section 1. K.S.A. 1990 Supp. 65-504 is hereby amended to read  
15 as follows: 65-504. (a) The secretary of health and environment shall  
16 have the power to grant a license to a person, firm, corporation or  
17 association to maintain a maternity hospital or home, or a boarding  
18 home for children under 16 years of age. The license shall state the  
19 name of the licensee, describe the particular premises in or at which  
20 the business shall be carried on, whether it shall receive and care  
21 for women or children, and the number of women or children that  
22 may be treated, maintained, boarded or cared for at any one time.  
23 No greater number of women or children than is authorized in the  
24 license shall be kept ~~in~~ on those premises and the business shall  
25 not be carried on in a building or place not designated in the license.  
26 The license shall be kept posted in a conspicuous place in the hospital  
27 or house in which the business is conducted. ~~No license shall be~~  
28 ~~granted for a term exceeding one year.~~ The secretary of health  
29 and environment shall grant no license in any case until careful  
30 inspection of the maternity hospital or home, or home for children  
31 shall have been made according to the terms of this act and until  
32 such maternity hospital or home, or home for children has complied  
33 with all the requirements of this act. No license shall be granted  
34 without the approval of the secretary of social and rehabilitation  
35 services, except that the secretary of health and environment may  
36 issue, without the approval of the secretary of social and rehabilitation  
37 services, a temporary permit to operate for a period not to exceed  
38 90 days upon receipt of an initial application for license.

39 (b) ~~(c)~~ In all cases where the secretary of social and rehabilitation  
40 services deems it necessary, an investigation of the home shall be  
41 made under the supervision of the secretary of social and rehabili-  
42 tation services or other designated qualified agents. For that purpose  
and for any subsequent investigations they shall have the right of

delete

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entry and access to the premises of the home and to any information deemed necessary to the completion of the investigation. In all cases where an investigation is made, a report of the investigation of such home shall be filed with the secretary of health and environment.

~~(2) In cases where neither approval or disapproval for licensure can be given by the secretary of health and environment within a period of 30-60 days following formal request for such a licensing study or investigation, the secretary of health and environment may issue a temporary license without fee pending final approval or disapproval of the home or facility.~~

(c) Whenever the secretary of health and environment refuses to grant a license to an applicant, the secretary shall issue an order to that effect stating the reasons for such denial and within five days after the issuance of such order shall notify the applicant of the refusal. Upon application not more than 15 days after the date of its issuance a hearing on the order shall be held in accordance with the provisions of the Kansas administrative procedure act.

(d) When the secretary of health and environment finds upon investigation or is advised by the secretary of social and rehabilitation services that any of the provisions of this act or the provisions of K.S.A. 59-2123 and amendments thereto are being violated, or such maternity hospital or home, or home for children is maintained without due regard to the health, comfort or morality of the residents, the secretary of health and environment, after giving notice and conducting a hearing in accordance with the provisions of the Kansas administrative procedure act, shall issue an order revoking such license and such order shall clearly state the reason for such revocation.

(e) If the secretary revokes or refuses to renew a license, the licensee who had a license revoked or not renewed shall not be eligible to apply for a license or for a certificate of registration to maintain a family day care home under K.S.A. 65-518 and amendments thereto for a period of one year subsequent to the date such revocation or refusal to renew becomes final.

(f) Any applicant or licensee aggrieved by a final order of the secretary of health and environment denying or revoking a license under this act may appeal the order in accordance with the act for judicial review and civil enforcement of agency actions.

Sec. 2. K.S.A. 1990 Supp. 65-505 is hereby amended to read as follows: 65-505. (a) Except as otherwise provided in this section, the annual fee for a license to conduct a maternity hospital or home, or home for children shall be fixed by the secretary of health and environment by rules and regulations. Such fee shall not exceed \$15

In cases where neither approval or disapproval can be given within a period of 30 days following formal request for such a study, the secretary of health and environment may issue a temporary license without fee pending final approval or disapproval of the home or facility.

except that for a hospital or home which is licensed to care for 13 or more residents such fee shall not exceed \$75. Such fee shall be paid to the secretary of health and environment when the license is applied for and is *annually thereafter*. The fee shall not be refundable. No fee shall be charged for a license to conduct a home for children which is a family foster home as defined in K.A.R. 28-4-311 and amendments thereto.

(b) The secretary of health and environment shall remit all moneys received by the secretary from fees under the provisions of this section to the state treasurer at least monthly. Upon receipt of any such remittance the state treasurer shall deposit the entire amount thereof in the state treasury, and such amount shall be credited to the state general fund.

~~(b) The fees established by this section immediately prior to July 1, 1986, shall continue in effect until different fees are fixed by rules and regulations in accordance with subsection (a) of this section.~~

Sec. 3. K.S.A. 1990 Supp. 65-504 and 65-505 are hereby repealed.

Sec. 4. This act shall take effect and be in force from and after its publication in the statute book.

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# State of Kansas

Joan Finney, Governor

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Stanley C. Grant, Ph.D.,  
Acting Secretary

## Testimony presented to

Senate Public Health and Welfare Committee

by

The Kansas Department of Health and Environment

Senate Bill 254

Successful control of syphilis and other sexually transmitted diseases in Kansas is dependent upon closely coordinated efforts in health education, patient care, and clinical laboratory support. K.S.A. 65-153f does help to assure the uniform quality of prenatal laboratory tests for the prevention of congenital syphilis. Although prevention of the devastating effects of congenital syphilis warrants continuation of the prenatal screening requirement, from a statewide perspective, prenatal clients are generally at lower risk for syphilis than many other client groups. Thus, 16,000 routine prenatal syphilis serology tests now performed by the state laboratory each year would be more appropriately performed in approved private laboratories.

The primary role for the state public health laboratory is to focus first on diagnostic and prevention programs in high risk behavior clients, to support local health department prevention and treatment programs, and to provide reference laboratory services which confirm initial screening results detected in private clinical laboratories. However, the present wording of K.S. A. 65-153f places the state public health laboratory in a competitive position with approved private laboratories performing routine screening tests on low-risk clients. It is for this reason that a modification in the wording of this statute is recommended.

The state public health laboratory is publicly funded and thus has major obligation to ensure that laboratory services provided with public funds are consistent with public health priorities. This statutory change will help to align public health priorities with appropriate state laboratory services.

Testimony presented by: Roger H. Carlson, Ph.D.  
Laboratory Director  
Kansas Health and Environmental Laboratory  
March 6, 1991

Senate P H&W  
Attachment #4  
3-6-91